

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
02-005

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$0
b. FFY 2003 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A
Page 8-1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A
Page 8-1 and 8-2

10. SUBJECT OF AMENDMENT:

Smoking Cessation for Pregnant Women, through the sixty days postpartum period. (P+I).

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
DENNIS BRADDOCK

14. TITLE:
Secretary

15. DATE SUBMITTED:

3-13-02

16. RETURN TO:

Department of Social and Health Services
Medical Assistance Administration
623 8th St SE MS: 45500
Olympia, WA 98504-5500

17. DATE RECEIVED: MAR 14 2002

18. DATE APPROVED: APR 26 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID AND CHIP

23. REMARKS:

P+I changes authorized by the state on 4-18-02

POSTMARKED: 3/13/02

Olympia
(CITY/STATE)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Washington

20 Extended services for pregnant women, through the sixty days postpartum period

The extended services include:

1. Maternity support services, by a provider approved by the Department of Health and the single state agency, consisting of:
 - a. Nursing assessment and/or counseling visits;
 - b. Psychosocial assessment and/or counseling visits;
 - c. Nutrition assessment and/or counseling visit;
 - d. Community health worker visit; and
 - e. Child birth education.
2. Outpatient alcohol and drug treatment for pregnant and postpartum women consisting of a chemical dependency assessment by an Alcohol and Drug Abuse Treatment and Services Act assessment center, parenting education, and chemical dependency treatment.
3. Rehabilitation alcohol and drug treatment services, excluding room and board, for pregnant and postpartum women recommended by a physician or licensed practitioner of the healing arts within the scope of their practice under State law. Services are provided in residential treatment facilities with 16 beds or less certified by the Division of Alcohol and Substance Abuse.
4. Genetic counseling performed by a provider approved by Parent-Child Health Services and the single state agency.
5. Smoking cessation counseling, up to ten sessions, to include the following:
 - a. Assessing the pregnant and postpartum woman's tobacco dependence;
 - b. Providing advice and assistance, including a written smoking cessation plan; and
 - c. If appropriate, prescribing smoking cessation pharmacotherapy, as needed.Smoking cessation counseling may be provided by physicians, advanced registered nurse practitioners, licensed midwives, and physician assistants.